



## FORM SBQD

# Smoking Bar Quarterly Declaration

Massachusetts

Department of

Revenue

Legal Name of Smoking Bar	Federal Identification or Social Security #		
Mailing Address	City/Town	State	Zip
Telephone Number	Name and Title of Person Authorized to Sign Declaration		
Location Address of Smoking Bar	City/Town	State	Zip
Smoking Bar Permit #			
Period of Declaration			

Declaration (Please provide a summary and attach all pertinent documentation to confirm that revenues generated from the sale of tobacco products equaled or exceeded fifty-one percent of the combined revenue generated by the sale of tobacco products, food and beverages):

I hereby certify that the above declaration is true, accurate and complete and that, during the period of the declaration, I have conformed with the provisions of Massachusetts General Laws, Chapters 62C, 64C, 94E, 94F and with Chapter 270, section 22, as amended, and with all rules and regulations made thereunder, and I have complied with all applicable laws of the Commonwealth relating to taxes.  
Signed under the pains and penalties of perjury.

Signature of Authorized Person	Print Name	Title	Date
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